

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee ABC MERIT PAC 101 Riverbend Dr. St. Rose, LA 70087 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/19/2009</div>	Report Number: 16151 Date Filed: 1/19/2009									
	3. Estimated Membership <div style="text-align: center;">220</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>PHILIP REBOWE</td> <td>Chairperson</td> <td>101 Riverbend Dr. St. Rose, LA 70087</td> </tr> <tr> <td>ANGELA LATINO-GEIER</td> <td>Treasurer</td> <td>101 Riverbend Dr. St. Rose, LA 70087</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	PHILIP REBOWE	Chairperson	101 Riverbend Dr. St. Rose, LA 70087	ANGELA LATINO-GEIER	Treasurer	101 Riverbend Dr. St. Rose, LA 70087
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
PHILIP REBOWE	Chairperson	101 Riverbend Dr. St. Rose, LA 70087									
ANGELA LATINO-GEIER	Treasurer	101 Riverbend Dr. St. Rose, LA 70087									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>	On attached sheet					
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
On attached sheet											
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
<u>a. Name</u>	<u>b. Address</u>										
On attached sheet											
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report PAMELA FLEETWOOD b. Daytime Telephone (504)468-3188											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>19th</u> day of <u>January</u> , <u>2009</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Philip Rebowe</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>(504)468-3188</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> <u>Angela Latino-Geier</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> <u>(504)468-3188</u> Daytime Telephone </td> </tr> </table>			<u>Philip Rebowe</u> Signature of Committee/Chairperson	<u>(504)468-3188</u> Daytime Telephone	<u>Angela Latino-Geier</u> Signature of Committee Treasurer, if any	<u>(504)468-3188</u> Daytime Telephone					
<u>Philip Rebowe</u> Signature of Committee/Chairperson	<u>(504)468-3188</u> Daytime Telephone										
<u>Angela Latino-Geier</u> Signature of Committee Treasurer, if any	<u>(504)468-3188</u> Daytime Telephone										

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. <u>Name</u>	b. <u>Address</u>	c. Relationship to Committee
NEW ORLEANS BAYOU CHAPTER ABC	101 Riverbend Dr. St. Rose, LA 70087	Affiliated Organization

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. <u>Name</u>	b. <u>Address</u>
REGIONS BANK	400 Poydras St. Suite 2200 New Orleans, LA 70130